## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>09/16/2010</u>	Address:	<u>8711 S.</u> 800 <u>W.</u>
Case #:	25F-17199		DALEVILLE
County:	DELAWARE		
Type of Laboratory Seizure (check one)  Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)		Scizure Location (d  Residence  Outbuilding  Vehicle	check all that apply)  Hotel/Motel  Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc)         (check all that apply)			
Corrosive Base:  Other (item and location):			
Yes 2 ( No *If yes, fax re	er age 18 discovered (check one) (number present)  port to Child Protective Services	☐ Ephedrin ☐ Retail/Mo ☑ Other: <u>wa</u>	e Information e/Pseudoephedrine Tracking Log erchant Tip rrant <u>service</u>
This report is to be faxed to the following agencies that serve the location:			
Health Depa	ment: <u>Daleville VFD</u> artment: <u>Delaware County</u> ction Service: <u>Delaware County</u>	Fax: <u>765-3</u> Fax: <u>765-7</u> Fax: <u>765-2</u>	<u>47-7747</u>
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Doug Jackson</u> Phone <u>765-369-2561</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.